



## Sleep Habits Assessment

<b>Sleep Assessment Scorecard</b>					
<b>Name:</b>					
<b>Sleep Part 1</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
On average, how many hours do you sleep each night? (0 = 8 or more, 1 = Between 7 and 8, 2 = Between 5 and 7, 3 = Less than 5)					
What time do you usually go to bed? (Recommended: Bedtime before 10pm) (0 = Before 10pm, 1 = Between 10 and 11pm, 2 = Between 11pm and 12am, 3 = After midnight)					
How easily do you fall asleep? 0 = Very easy: As soon as my head hits the pillow, 1 = Easy: Usually within about 10-15 minutes, 2 = Moderate: Usually within 30-45 minutes, 3 = Difficult: Takes more than 1 hour					
How often do you wake up at night? 0 = Never, 1 = Once per night, 2 = Twice per night, 3 = Never					
What's the usual time you get up in the morning? (0 = 6am or earlier, 1 = Between 6 and 7:30am, 2 = Between 7:30 and 9am, 3 = after 9am)					
How do you feel when you wake up in the morning? 0 = Fantastic! I jump up without the alarm, eager to face the day, 1 = Good to go, after hitting the snooze button once or so, 2 = Kind of groggy, still tired, and needing more sleep, 3 = Like I want to go into hibernation for a week					
How often do you vividly remember your dreams? 0 = Every night or most of the time, 1 = A few times per week, 2 = A few times per month, 3 = Rarely or never					
How many naps do you need to take throughout the day? 0 = None, 1 = One nap, 2 = Two naps, 3 = Three or more naps					
On average, how would you rate the overall quality of your sleep? (0 = Excellent, 1 = Good, 2 = Okay, 3 = Poor)					
<b>Total for Each Column (number of checkmarks x value)</b>					
<b>Subtotal Part 1 (Max 27)</b>					
<b>Sleep Part 2</b>		<b>NO</b>	<b>YES</b>		
Do you have an established evening routine/set of habits?		3	0		
Do you sleep in a darkened room?		3	0		
Do you have any electronic devices in the room where you sleep?		0	3		
Do you awaken to an alarm clock?		0	3		
Do you watch TV or use the computer within an hour before going to sleep?		0	3		
Do you eat anything within 3 hours of bedtime?		0	3		
Do you have problems with insomnia?		0	3		
Do you snore?		0	3		
Do you use a C-Pap machine?		0	3		
<b>Total for Each Column (number of checkmarks x value)</b>					
<b>Subtotal Part 2 (Max 27)</b>					
<b>GRAND TOTAL for Sleep (Subtotal Parts 1 – 2) (Max 54)</b>					



**Score Interpretation:**

- 0-9:** Congratulations! You have excellent sleep habits, and your health is unlikely to be negatively influenced by lack of quality sleep.
- 10-18:** Your sleep is not serving you as best it could. Begin to address areas you can control, like the time you go to bed and get up, electronics in the room, and eating patterns.
- 19-28:** Your poor sleep hygiene is compromising your health and needs to be addressed in order for you to achieve the balance and energy you desire. You may need to work with a practitioner in order to determine why you are having trouble sleeping.
- 29-54:** Your sleep is severely compromised and is likely causing you imbalances in hormones, blood sugar, inflammatory responses, and digestion. You need to address this right away.